1	2	3
Haryana		Chandigarh
J&K		Jammu
		Srinagar
Kerala		Thiruvanthapuram
Karnataka		Bangalore
Maharashtra	Mumbai	Mumbai
Orissa		Bhubaneshwar
Punjab		Chandigarh
Rajasthan		Jaipur
Tamilnadu	Chennai	Chennai
Uttar Pradesh	Ghaziabad	Lucknow
West Bengal	Calcutta	Calcutta

MBBS Syllabus

2273 SHRI DADA BABURAO PARANJPE : Will the PRIME MINISTER be pleased to state:

(a) whether the All India Medical Council has taken a decision to revise MBBS syllabus from the ansuing academic session; and

(b) if so, the details of the proposed change?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) : (a) and (b) The Medical Council of India recommendations on Graduate Medical Education containing the curriculum of MBBS course was approved by the Central Government as a regulation under section 33 of the Indian Medical Council Act, 1956 and this was conveyed to Medical Council of India (MCI) on 4.3.1997. The MCI regulation on Graduate Medical Education containing M.B.B.S. curriculum has been notified in the Part III, Section 4 of the Gazette of India on 17th May 1997. The MCI has circulated it amongst Universities for implementing the revised curriculum from the academic session 1997-98. As per the revised curriculum the four and a half years of M.B.B.S. Course has been scheduled as under:-

Three Phases	Existing duration of phase of Course	Revised duration of phases of Course
Phase I	1 1/2 Years	1 year (2 semesters)
Phase II	1 1/2 years	1½ years (3 semesters)
Phase III	1 1/2 years	2 years (7 semesters)

Patel Commission

2274. SHRI MANOJ KUMAR SINHA : Will the PRIME MINISTER be pleased to state:

(a) whether Patel Commission was set up for the most backward districts of the Eastern Uttar Pradesh;

(b) if so, the main recommendations made by the said Commission;

(c) the names of the development schemes formulated by the Union Government for the development of backward districts on the basis of those recommendations;

(d) whether the Union Government have made arrangements for the re-evaluation of that area on the basis of Patel Commission; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION (SHRIMATI RATNAMALA D. SAVANOOR) : (a) to (e) Yes Sir; A joint study team known as Patel Commission was set up in December, 1962 for the development of four eastern districts viz. Ghazipur, Azamgarh, Deoria and Jaunpur of Uttar Pradesh. The Patel Commission's recommendations basically relate to the Agriculture, Cooperation, Horticulture, Irrigation and Flood control, Minor Irrigation, Industries, P.W.D. (Roads and Bridges) departments. The State Government has reported that most of the recommendations have been implemented by the end of the Fourth Five Year Plan.

Planning and Development of an area and allocation of fund for this purpose is primarily the responsibility of the concerned State Government. Union Government have not made any arrangement for evaluation of the schemes undertaken for development of the four eastern districts since it is primarily the work of the State Government. .PA

State Government since have set up Purvanchal Vikas Nidhi during 1991 for the development of Eastern region which interalia includes reduction of regional disparities.

[English]

Respiratory Infections

2275. SHRIMATI JAYAWANTI NAVINCHANDRA MEHTA: Will the PRIME MINISTER be pleased to state:

(a) whether respiratory tract infection is one of the commonest reason for the deaths of infants and children in the country;

(b) whether the drug being dispensed in some of the

Government Medical Centres in the Country for treating respiratory tract infection has been found ineffective in treating majority of the children suffering from these diseases;

(c) if so, the details thereof; and

(d) the steps proposed to be taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes, Sir.

(b) to (d) Under the Child Survival and Safe Motherhood Programme, Cotrimoxazole is the recommended drug for use in mild to moderate cases of pneumonia among children under 5 years of age. There are a few reports regarding resistance of common causative organisms to the drug. Most of these reports are for hospitalised cases and are based on laboratory settings. Some of these studies also show that in areas where drug resistant strains have been identified in laboratory settings, the clinical efficacy of the drug is still high. There are no adverse reports regarding the efficacy of the drug when used in field situations by the Health Workers, based on programme guidelines.

The National guidelines on use of drugs in acute respiratory infections among children are reviewed periodically. An expert group consisting of eminent national and international experts and representatives of Indian Academy of Paediatrics and Indian Council of Medical Research who reviewed the issue in March, 1997 have opined that in view of the clinical performance of Cotrimoxazole in community setting being still good any change in the policy on use of this drug should be based on clinical trials.

Clinical studies are being currently carried out at the All India Institute of Medical Sciences and by a number of agencies including the WHO.

Indian Workers in Gulf

2276. PROF. P. J. KURIEN: Will the PRIME MINISTER be pleased to state:

(a) the number of Indians recruited for employment in Gulf countries during the year 1996-97 and the current year;

(b) whether the Government have received complaints that the salaries and allowances agreed to in the contract are denied to the workers by the employers;

(c) if so, the details of such cases; and

(d) the action taken by the Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRIMATI KAMLA SINHA): (a) to (d) The information is being collected and will be placed on the Table of the House.

Remote Sensing Technique for Treating Salt Affected Soils

2277. SHRI AYYANNA PATRUDU: Will the PRIME MINISTER be pleased to state:

(a) whether the National Remote Sensing Agency has introduced remote sensing technique for treating salt affected soils for reclamation measures which can increase food production;

(b) if so, the details of the States where these tests are being conducted;

(c) whether the Government propose to popularise this technique in coastal regions for more agricultural yield and to assist farmers in this regard?

(d) if so, the details thereof, and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI S.R. BALASUBRAMONIYAN): (a) to (e) National Remote Sensing Agency (NRSA) has not by itself introduced any advanced remote sensing techniques for treating salt affected soils for reclamation measures, which could increase food production.

NRSA has, however, developed the methodology for identification and delineation of salt affected soils and for categorising them into different groups based on the nature and magnitude of the problem of soil salinity, using satellite remote sensing data. The information from these maps is useful for taking further steps towards reclamation measures of salt affected soils by Agriculture Departments/ Research Institutions.

Mapping of salt affected soils on 1:250,000 scale using satellite data, has been taken up for Andhra Pradesh, Andaman & Nicobar Islands, Bihar, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal. The work is nearing completion.